

THERAPY SERVICES TECHNICAL ADVISORY COMMITTEE

**Transportation Cabinet
Room C109, 200 Mero Street
Frankfort, Kentucky**

May 23, 2016

8:30 a.m.

The meeting of the Therapy Services Technical Advisory Committee (TAC) was called to order by Beth Ennis, Chair.

The TAC members in attendance: Beth Ennis, Bethany Berry (telephonically), Linda Derosssett (telephonically) and Leslie Sizemore (telephonically).

Medicaid staff in attendance: Stephanie Bates (telephonically), Charles Douglass (telephonically), C.J. Jones and Jeana Jolly.

Others in attendance: Kathleen Ryan, Anthem; Mary Hiatt, Humana-Caresource; Dell Frazee and Valerie Aiello (telephonically) and Elaine Hayes (telephonically), Passport; Pat Russell, WellCare; Laura Crowder, Aetna Better Health; Scott Sageser, Associates in Pediatric Therapy; Pam Marshall (telephonically) Marshall Pediatric Therapy

REVIEW AND APPROVAL OF MARCH 14, 2016 MEETING MINUTES:

There were no changes or corrections to the minutes. Dr. Ennis accepted the minutes as written.

OLD BUSINESS:

- (a) Responses from Cabinet: Ms. Jones stated there is information on DMS' website concerning the transition of PT/OT/ST services from waivers into the State Plan. She stated there is Provider Letter A-44 for Supports for Community Living and Provider Letter A-84 for Home- and Community-Based Services, as well as some FAQ's. Ms. Jones stated the regulations would be effective June 3, 2016. She did not know an effective date of the provider type. Ms. Bates stated that September may be the effective date for when providers can no longer bill under EPSDT but she will let the TAC know a more definitive date when it becomes available.

Dr. Ennis asked if this transition would place any of the Waiver participants into the MCO plans and Ms. Bates stated that they would stay in fee-for-service.

- (b) Update on differential and EPSDT: Dr. Ennis stated that DMS did keep the differential between a therapist and an assistant in the fee-for-service system. She noted that this will drastically drop the provider base because the therapists cannot afford to provide services. It will also impact speech because it was left in place for CFY and they cannot afford to provide services at that rate. Dr. Ennis asked if the \$48/visit speech rate would change and Ms. Jones stated it would not.
- (c) CON: Dr. Ennis stated that if a provider is getting licensed as a mobile health provider, the provider should go through the CON Advisory Opinion process to determine if a CON is or is not needed.
- (d) Response from Passport on MPPR: Dr. Ennis stated that a response was received from Passport that the MCO is applying the MPPR because it has to follow the Medicare guideline, but Dr. Ennis stated that language to that effect could not be found. She noted that because the MCO is using a lower rate than Medicare, the MCO is imposing a reduction on a reduced rate and providers will no longer be able to provide the services due to the cost reduction.

NEW BUSINESS:

- (a) Requirement of "evaluate and treat" verbiage and discipline in addition to ICD-10 for precept: Ms. Russell with WellCare stated this is still a mandate.
- (b) Electronic signature issue with EHRS: Dr. Ennis stated this issue has to do with requiring an electronic signature from the EHR, but if the referral came from outside of their EHR system, then, it would not have that, and claims were getting kicked back because there was no electronic signature from that specific EHR. Ms. Russell will check on this and report back to the TAC.
- (c) Other New Business: Dr. Ennis noted that the aquatic therapy code 97113 is only on the PT fee schedule but that OT and speech use this as well. Mr. Douglass will check on this and report back to the TAC.

Ms. Sizemore talked about getting certain groups together to discuss the different rules for a CON depending on the business structure and the Medicaid population served. Dr. Ennis stated that because this will impact

more than Medicaid specifically, she feels like this should come from KPTA, KOTA and KSHA and not just from the TAC.

Ms. Berry and Dr. Ennis spoke about a push for Kentucky to be part of a 10-state Interstate Licensure Compact for multi-state licensure. Dr. Ennis stated that there will be meetings to discuss whether to put regulations forward to be a part of the process or not.

PUBLIC COMMENT: Mr. Sageser asked if there are yearly published budgets for what is spent on therapy for Medicaid and the MCOs, and Ms. Bates stated that they are not therapy-specific. Ms. Bates stated that the TAC can request any specific data from DMS and/or the MCOs but any requests to the MCOs would need to go through her.

Ms. Marshall asked about automatic qualifiers for children so they can receive secondary Medicaid coverage, and Dr. Ennis suggested checking the DCBS website for information concerning this.

RECOMMENDATIONS TO MAC: There were no recommendations to be made to the MAC.

The meeting was adjourned. The next meeting date is Tuesday, July 14, 2016 at 8:30 a.m., location to be determined.

(Minutes were taped and transcribed by Terri Pelosi, Court Reporter, this the 28th day of May, 2016.)